

SPECIAL CALIFORNIA SCHEDULE P.

for Unpaid Workers' Compensation Losses December 31, 1999 (California Business).
(for the determination of the deposit or bond required under Sections 11690-11719 of the California Code)
(Nearest Dollar)

NAIC NUMBERNAME OF INSUREROFPRINCIPAL OFFICE

PART I

Compensation Premiums Earned (California Business)

YEARS IN WHICH PREMIUMS WERE EARNED	CUMULATIVE TO 12-31-19998 (COL. 5 OF LAST YEAR'S SPEC. CALIF. SCHED. P.)		DIRECT PREMIUMS EARNED CALENDAR YEAR 1999 (PAGE 15 ANN. STAT.)		AMOUNT OF EARNED COMPENSATION PREMIUMS ON REINSURANCE ASSUMED		EARNED PREMIUMS ON REINSURANCE CEDED TO REINSURANCE LICENSED TO TRANSACT COMPENSATION INSURANCE IN CALIFORNIA		AMOUNT OF EARNED COMPENSATION PREMIUMS (AS ADJUSTED) (COL.1 PLUS COLS. 2 AND 3, LESS COL. 4)	
	(1)		(2)		(3)		(4)		(5)	
1997	\$		xxx		xxx		xxx		\$	
1998			xxx		xxx		xxx			
1999		xxx								
Total	\$	0	\$	-	\$	-	\$	-	\$	-

Compensation Loss Payments (Net as to Reinsurance)

YEAR IN WHICH COMPENSATION POLICIES WERE ISSUED AND LOSSES WERE INCURRED	CUMULATIVE TO 12-31 1998 (COL. 10 OF LAST YEAR'S SPEC. CALIF. SCHEDULE P.)		DIRECT LOSSES PAID CALENDAR YEAR 1999 (PAGE 15, ANN. STAT.)		LOSSES PAID DURING 1999 ON REINSURANCE ASSUMED		REINSURANCE RECOVERED DURING 1999 ON LOSSES PAID FROM REINSURANCE LICENSED TO TRANSACT COMPENSATION INSURANCE IN CALIFORNIA		CUMULATIVE TO December 31, 1999 (COL. 6, PLUS COLS. 7 AND 8, LESS COL. 9)	
	(6)		(7)		(8)		(9)		(10)	
Prior to 1997	\$	xxx	\$		\$		\$		\$	xxx
Total first period		xxx								xxx
1997										
1998										
1999		xxx								
Total second period										
Grand Total	\$	xxx	\$		\$		\$		\$	xxx

YEAR IN WHICH COMPENSATION POLICIES WERE ISSUED AND LOSSES WERE INCURRED	COMPENSATION LOSS PAYMENTS (COL. 10)		COMPENSATION LOSS EXPENSE PAYMENTS (NET AS TO REINSURANCE RECOVERED FROM REINSURERS AUTHORIZED TO TRANSACT COMPENSATION INSURANCE IN CALIFORNIA)			TOTAL COMPENSATION LOSS AND LOSS EXPENSE PAYMENTS (COL. 11 PLUS COL. 14)	
			ALLOCATED	UNALLOCATED (FROM PART II)	TOTAL (COL. 12 PLUS COL. 13)		
	(11)		(12)	(13)	(14)	(15)	
Prior to 1997	\$	xxx	\$		\$	\$	xxx
Total first period		xxx				\$	xxx
1997							
1998							
1999							
Total second period							
Grand Total	\$	xxx	\$		\$	\$	xxx

YEAR IN WHICH COMPENSATION POLICIES WERE ISSUED AND LOSSES WERE INCURRED	RESERVE FOR COMPENSATION LOSSES AND LOSS EXPENSES WITHOUT DEDUCTION FOR REINSURANCE RECOVERABLE			REINSURANCE RECOVERABLE ON UNPAID LOSSES AND LOSS EXPENSES FROM REINSURERS LICENSED TO TRANSACT COMPENSATION INSURANCE IN CALIFORNIA	UNPAID COMPENSATION LOSSES AND LOSS EXPENSES (AS ADJUSTED) (COL. 18 LESS COL. 19)
	TOTAL ESTIMATED RESERVE FOR COMPENSATION LOSSES AND LOSS EXPENSES	TOTAL ESTIMATED RESERVE FOR LOSS EXPENSE PERTAINING	TOTAL (COL. 16 PLUS COL. 17)		
	(16)	(17)	(18)	(19)	(20)
Prior to 1997					
Total first period					
1997					
1998					
1999					
Total second period					
Grand Total					

COMPUTATION OF RESERVE FOR UNPAID COMPENSATION LOSSES

YEAR IN WHICH PREMIUMS WERE EARNED AND LOSSES WERE INCURRED	65% OF EARNED PREMIUM STATED IN COLUMN 5		DEDUCT LOSS PAYMENT AND EXPENSES STATES IN COLUMN 15		REMAINDER (COL. 21 LESS COL. 22) IF NEGATIVE ENTER "0"		UNPAID COMPENSATION LOSSES AND LOSS EXPENSES (COL. 20)		CARRY OUT FOR EACH YEAR AMOUNT STATED IN COL. 23 OR 24 WHICHEVER IS GREATER	
	(21)		(22)		(23)		(24)		(25)	
1997	\$		\$		\$		\$		\$	
1998										
1999										
Total	\$		\$		\$				\$	

(26) Unpaid compensation losses and loss expense, first period (Col. 20, first period)	\$	
(27) Unpaid compensation losses and loss expense, second period (Total of Col. 25)	\$	
(28) Total	\$	

Special California Schedule P. Part II

Distribution of Unallocated Compensation Claim Expenses (California Business)
Net as to reinsurance ceded to reinsurers authorized to transact compensation insurance in California

ACCIDENT YEAR	NEAT LOSSES PAID IN 1999 (PART I COL. 7 PLUS COL. 8 LESS COL. 9)	PERCENTAGE DISTRIBUTION OF COLUMN (1)	UNALLOCATED CLAIM EXPENSES PAID PERCENTAGES FOR 1999 CALENDAR YEAR			DISTRIBUTION OF UNALLOCATED CLAIM EXPENSES PAID		
			ASSOCIATED WITH YEAR LOSSES WERE PAID (ONE HALF OF COLUMN (2)	ASSOCIATED WITH YEAR LOSS OCCURRED	TOTAL PERCENTAGE DISTRIBUTION COL. (3)+(4)	1999 CALENDAR YEAR EXPENSES x COLUMN (5)	PRIOR TO 1999 CALENDAR YEAR (COL. 13_1998 SPEC. CALIF. SCHED. "P")	TOTAL TO DATE FOR COL. (13) PART I (COL 6 PLUS COL.7) (8)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Prior to 1997								
1997								
1998								
1999							xxx	
Total		100	50	50	100			

NOTE: For companies which have been issuing policies for one year or less, disregard columns (1) through (5) and assign all unallocated claim expenses paid to the latest accident year.

Special California Schedule P. Part III

Schedule of Reinsurance Ceded

In the schedule below list all of the reinsurers and the amounts recoverable on California compensation unpaid losses and loss expenses from each.
No segregation by policy year is required. List all reinsurers not licensed to transact compensation insurance in California in Section B.

NAIC NUMBER	NAME OF REINSURER	LOCATION	REINSURANCE RECOVERABLE ON UNPAID LOSSES AND LOSS EXPENSES
	Section (A)		
	Total (To Agree with Part I Column 19 Grand Total)		
	Section (B)		
	Total		
	Grand Total		

INSTRUCTIONS

1. Report California business only.
2. Statutory Deposit. On or before July 1, 2000 a surety bond as required under Section 11690 (or deposit in lieu of bond under Section 11715) shall be on file to cover the amount reported on line 1 below.
3. Deposit in Lieu of Bond. To support total reported on line 2 below, companies which have deposits in lieu of a surety bond shall prepare a list of deposit instruments as of December 31, 1999 in the format of the enclosed Form A110. The deposit instruments are to be independently appraised as to market (deposit) value as of December 31, 1999 and the certification by the certification by the evaluator properly completed and attached to the Form A110. The Form A110 and certification is to be filed on or before April 1, 2000. Deposit values entered on line 2 below is the aggregate total of all instruments on deposit individually valued at par or market, whichever is lower per Form A110.
4. Companies which require additional statutory Deposit as shown on line 3 below, must make additional deposit on or before July 1, 2000 or company will be delinquent and subject to late filing fee per Section 11693.5 of the California Insurance Code.
5. Return one copy of this form to the California Department of Insurance, Financial Analysis Division, 300 South Spring St., 13th Floor, Los Angeles, CA 90013 on or before May 1, 2000 or company will be delinquent and subject to late filing fee per Section 924. California Insurance Code.

COMPUTATION OF BOND OR DEPOSIT REQUIREMENT

1. Total Requirement:
Part I, line 28 or minimum requirement Section 11699 or 11715 CIC..... \$ _____
2. Total of either Bond or deposit value of securities on deposit and or letters of credit under Section 11690/719/CIC per Form A110 Valuation of Security at December 31, 1999 _____
3. Additional Bond or deposit required (cannot be covered by combination of Bond and Securities Deposit). Line 1 Minus-2 _____
4. State maximum rate of interest used, if any, in determining present values of future workers' compensation payments ____%.

CERTIFICATION

State of _____ Date _____

County of _____

(Name of Insurer)

Name of Officer (Print or Type) Signature Title

Under the penalties of perjury, the above designated officer by the title appearing after his or her name, of the Insurer, certifies (or declares) that the foregoing statement is a full, true and correct statement for the period specified; all according to his or her best information, knowledge and belief.

DUE MAY 1, 2000